

NOTICE OF FORM CHANGE NO.

DATE

TO:County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit
(916) 657-1907☐ Community Care Licensing District Offices☐ District Attorney☐ Private and Public Adoption Agencies☐ Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM-		REQUIRED FORM-	
<input type="checkbox"/> No Change Permitted		<input type="checkbox"/> Substitute Permitted With Prior DSS Approval	
		<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> OTHER:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

☐ Use until exhausted☐ Destroy

USE NEW FORM

☐ When supply available in DSS Warehouse☐ Use new form effective _____

USE FORM IN ACCORDANCE WITH

☐ All County Letter No.☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

ATTACHED IS A REPRODUCIBLE COPY.